

## IN LIEU FEE CLAIM FOR REFUND

DIRECTIONS: File the original with the City of Fresno, Utility Billing & Collections, 2600 Fresno Street, Fresno, California

93721-3612. Retain a copy for your records.

http://www.fresno.gov/public\_docs/In-Lieu\_Instruction.pdf

Requests must comply with Fresno Municipal Code Section 2-1203.

## Attach and include with this completed form any evidence of amounts billed and/or paid.

NAME OF CLAIMANT:	Mr.			
	Ms. Mrs	(Last)	(First)	(Middle)
		(Last 4 digits of Social Security Number) (CA Drivers License No.		(CA Drivers License No.)
SERVICE ADDRESS:	_			
		(Number/Street)	(City/Sta	te/Zip Code)
MAILING ADDRESS:		(Number/Street)	(City/St	ate/Zip Code)
PHONE NUMBER:	_	UTILITY ACCOUNT NUMBER:		
DATE SERVICE START	ED:		_	
	ns and oti	her City core services may	• .	Lieu fees to go towards Public form and mark the box returning
☐ I HEREBY DIRECT	MY CLAIN	M AMOUNT TO BE DEPOSI	TED TO THE CITY'S	GENERAL FUND.
I hereby certify that the a	bove state	ments are true and correct.		
(Signature)			(Month/Day/Year)	
(Relationship of signer if not claimant)			(Address to which Notices should be sent)	

NOTE: Each claimant, or the claimant's guardian, conservator, executor or administrator, must separately sign and verify the request. Any request filed on behalf of a class a people must be separately signed and verified by each member of the class.

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY.

(Refer to California Penal Code Section 72)